

AGENCY DISPLAY OF ESTIMATED BURDEN

The public reporting burden for this collection of information is estimated to average 15 minutes per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the **U.S. Department of Transportation, Office of Aviation Analysis, X-57, 400 7th Street, SW, Washington, DC 20590.**

PAPERWORK REDUCTION ACT OF 1995

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number is displayed in the upper right-hand corner of this form.

STATEMENT OF CHARTER OPERATOR OR DIRECT AIR CARRIER, AND SECURER



U.S. Department of
Transportation
Office of the Secretary
of Transportation

INSTRUCTIONS: Submit this form in **duplicate** to U.S. Department of Transportation, Special Authorities Division, X-57, Office of Aviation Analysis, 400 7th Street, SW, Washington, DC 20590. Date of filing for purposes of DOT regulations is the date properly completed forms are received by DOT.

We _____
(Charter Operator or Director Air Carrier)

and _____
(Securer)

certify that we have entered into a security agreement number _____, in the
(Security Agreement Number)

amount of \$ _____ on _____ This agreement covers proposed flight schedule
(Amount) (Date)

number _____, a copy of which has been received by _____
(Securer)

This agreement complies with (§380.34) (§380.34a) of DOT's Regulations (14 CFR §380.34 or §380.34a).

This agreement is a (Check one):

Surety Bond

Surety Trust Agreement

Letter of Credit (for participants of flight schedule number _____)

Check one of the following:

This agreement is in an unlimited amount.

There are no outstanding claims against this agreement.

There are outstanding claims against this agreement in the amount of \$ _____. We have executed a rider to the agreement
on _____, increasing the coverage by this amount.*
(Date)

*In place of this sentence, the following statement may be used: " _____ will separately pay any claims for
(Securer)
which it may be liable without impairing the security agreement or reducing the amount of coverage."

CHARTER OPERATOR or DIRECT AIR CARRIER

SECURER

BY: _____
(Signature)*

(Name in print)

(Title)

(Phone Number) / _____
(Fax Number)

(Street, Box Number)

(City, State, Zip Code)

(Date)**

BY: _____
(Signature)

(Name in print)

(Title)

(Phone Number) / _____
(Fax Number)

(Street, Box Number)

(City, State, Zip Code)

(Date)**

**This document is not acceptable if not dated.